

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM T-875)

SERIAL NO.

101718, 126
APPLICANT(S)

FILING DATE

19 10 83

CLAIMS

	AS FILED 9/18/83		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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3						
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
54						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

CLAIMS ONLY

Application Number

101 718, 126

Fillrig Date

~~pg 243~~

Applicant(s)

[illegible]

CLAIMS ONLY

Application Number 12

.. Filling Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS		AS FILED 9/18/9		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
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5							55						
6							56						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total							Total						
Indep							Indep						
Total Depend							Total Depend						
Total Claims	227						Total Claims						